

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS436AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUALITY GUEST HOME 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3980 PLACITA AVENUE LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 8/24/10 State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation on 8/24/10, the facility	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1  failed to ensure the premiss were clean and well maintained (the kitchen trash can full of food was uncovered, the emergency light in the hallway was not operational and the light switch in the back hallway was not operational).  Severity: 2    Scope: 1	Y 178		
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 8/24/10, the facility failed to ensure a planned, dated and posted menu was utilized.  Severity: 1    Scope: 3	Y 272		
Y 885 SS=D	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885		

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Y 936	Continued From page 3 tuberculosis test).  Severity: 2 Scope: 1	Y 936			

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